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☐ Request for Customer Number (PTO/SB/125) attached hereto in the following listed application(s) for which the Issue Fee has been paid for patent(s).		
	PATENT NUMBER (if known)	APPLICATION NUMBER
Completed by (check one):		
	Applicant/Inventor	/Robert J. Irvine III/ Signature
$\boxtimes$	Attorney or Agent of record 41,865 (Reg. No.)	Robert J. Irvine III Typed or printed name
	Assignee of record of the entire interest. See 37 CFF Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	R 3.71 . 312-913-0001  Requester's telephone number
	Assignee recorded at ReelFrame	November 21, 2006  Date
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more that one signature is required, see below.		

This collection of information is required by 37 CFR 1 363. The information is required to obtain or retain a benefit by the public which is to file (and by the USFTO to process) an application. Confidentiately is govered by \$5 U.S. C. 122 and 37 CFR 1.11 and 14. This collection is estimated to battle including gathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form androw suppositions for excluding this burden, should be sent to the Chief Information (V.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND TO: Hall SEND Of Correspondence, Commissioner for Patients, P.O. Sex 4450, Alexandria, VA 22313-1450.

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